

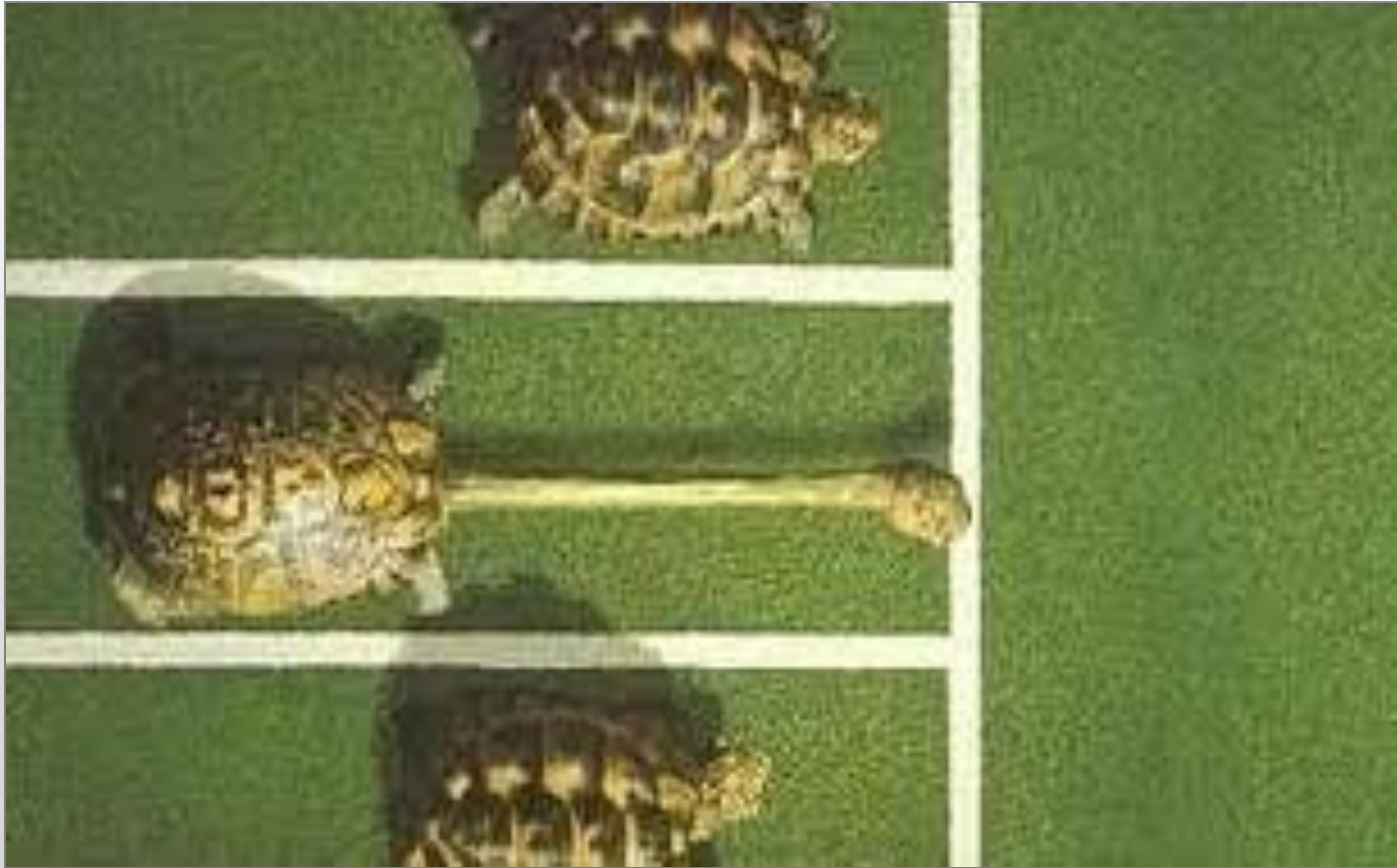


SOUTH CAROLINA STATE ACCIDENT FUND

SAFETY AND LOSS CONTROL Services

Loss Prevention and Cost Containment

“Don’t break your neck for SAFETY”





SOUTH CAROLINA STATE ACCIDENT FUND


SAFETY AND LOSS CONTROL Services

Loss Prevention and Cost Containment






www.saf.sc.gov




Welcome to the SOUTH CAROLINA

STATE ACCIDENT FUND



[ABOUT SAF](#) [EMPLOYERS](#) [WORKERS](#) [HEALTHCARE PROVIDERS](#) [SAFETY SERVICES](#) [CONTACT SAF](#) [SAF PARTNERS](#)



Welcome

The South Carolina State Accident Fund is the leading source of cost effective workers' compensation coverage. Since 1943, SAF has provided a continuous, guaranteed source of cost effective workers' compensation coverage. Today we serve nearly 700 employers and 200,000 employees throughout the state. Welcome to our new website!

As the leading experts on workers' compensation in South Carolina, we understand the important role we play in the economic and social well-being of the citizens of our state. A strong and viable workers' compensation system requires employers, injured workers, the medical services industry, and insurance carriers to share information and coordinate their efforts as a unified team, to minimize frequency and severity of work-place accidents and timely return injured workers to productive employment. We hope our new website will facilitate such team work and thereby add cost-effective value to our customer service.

If you have suggestions on how we can enhance the value or quality of this site, please do not hesitate to contact our webmaster at webmaster@saf.sc.gov or (803-896-5800). Thank you for helping us "Meet the Challenge!"

Harry B. Gregory, Jr.
Director

QUICK TOOLS

- Report An Injury
- Find A Medical Provider
- Report Fraud
- Policyholder Training & Registration
- Claim Services and Directory
- Legal Department
- SAFE-mail
- Frequently Asked Questions

RELATED LINKS

- SC Workers Compensation Commission

Safety Services

- Safety Training
- DVD Library
- Safety Assessment
- Safety Materials & Presentations
- OSHA Recordkeeping Forms

Policyholder Update Seminar

Sign Up Now!

Log In

User Name:

Password:

[Forgot Username?](#)
[Forgot Password?](#)

Clicking login indicates you have read and agreed to our [Terms and Conditions](#)

NEWS AND NOTICES

“OSHA Recordkeeping Forms”

Form 300

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20____
U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

Establishment name _____

City _____ State _____

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:												
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)				CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)		On job transfer or restriction (L)		(M)					
						Remained at Work																
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)													
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_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
_____	_____	_____	____/____/____ month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days												

"OSHA Recordkeeping Forms"

Form 300A

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20____
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____ (G)	_____ (H)	_____ (I)	_____ (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____ (K)	_____ (L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

() - / /
Phone Date

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Changes to Reporting Requirements!



As of January 1, 2015, all employers must report :

- All work-related **fatalities** within 8 hrs (30 days)
- All work-related **inpatient hospitalizations, amputations, and losses of an eye** within 24 hours

Employers should call **(803) 896-7672**. This number is answered 24 hrs a day, 7 days a week!

If you must report...

- Establishment name
- Location of work-related event
- Time of work-related event
- Type of reportable event (fatality, in-patient hospitalization, amputation or loss of an eye)
- Number of employees who suffered the event
- Names of employees who suffered the event
- Contact person and phone number
- Brief description of the work-related incident



Changes to Reporting Requirements!

Do not have to report event if it:

- Resulted from a motor vehicle accident on a public street or highway; except in a construction work zone
- Occurred on commercial or public transportation system (plane, subway, bus, ferry, street car, light rail, train)
- Occurred more than 30 days after incident (fatality) or more than 24 hrs after (in-patient hospitalization, amputation, or loss of eye)



Changes to Reporting Requirements!

Do not have to report event if it:

- Is in-patient hospitalization for diagnostic testing or observation only
- Is in-patient for a heart attack, unless the attack resulted from a work-related incident





Common Training Classes




Accident Investigation
BloodBorne Pathogens
General Safety
Heat Related Illnesses
Lockout / Tagout
OSHA 300, 300A, 301
Safety Committees
Workplace Violence


Back Injury Prevention
Confined Space
Hazard Communication
Ladder Safety
Office Safety
Safety Attitude
Slips, Trips, and Falls
Special Requests

Video Library


www.saf.sc.gov



Welcome to the SOUTH CAROLINA
STATE ACCIDENT FUND



ABOUT SAFEMPLOYERSWORKERSHEALTHCARE PROVIDERS
SAFETY SERVICESCONTACT SAFSAF PARTNERS



QUICK TOOLS

- Report An Injury
- Find A Medical Provider
- Report Fraud
- Policyholder Training & Registration
- Claim Services and Directory
- Legal Department
- SAFE-mail
- Frequently Asked Questions


Safety Videos

Below is the description of the safety videos we currently have available for your use. Click on a title and complete the "Contact Us" Form to request a video.

ACCIDENTS

- **"1. Accident Investigation In The Workplace"** (22 minutes)
The purpose of an investigation is to find the cause of an accident, prevent future occurrences, not to fix blame. An unbiased approach is necessary to obtain objective findings. This is an excellent video that illustrates an actual accident investigation and the proper techniques used to perform an accident investigation.
- **"2. Accident Reporting And Investigation (C-1)"** (14 minutes)
How can management work to improve on the job safety for you and your co-workers when you do not report accidents? How can hazards be fixed if the people with the authority to fix them do not know they exist? You play a key role in promoting safety in your company. To help you in that role, this video will discuss a 5 point action plan which allows you to react more effectively when an accident occurs.
- **"3. It Only Takes A Second"** (3 minutes)
This video is designed to grab the viewer's attention and focus their thoughts on safety. The video is an excellent tool to set the stage for discussion on nearly any safety issue.

Policyholder Update Seminar

Sign Up Now! 

Log In

User Name:

Password:

[Forgot Username?](#)
[Forgot Password?](#)

Clicking login indicates you have read and agreed to our [Terms and Conditions](#)

NEWS AND NOTICES

SAFETY ASSESSMENT



- Initial Meeting
- Discuss your Program
- Form a Plan
- Inspections – “Mock”/Ergo
- Assist with Corrections, Trainings, etc.

“Mock Inspection” 1

1910

.304(g)(6)(vi)(c)(5)

.305(b)(1)(ii)

.305(b)(2)(i)

.333(a)

.304(g)(5)

.334(a)(3)(i)

.335(a)(1)(i)

1926

404(b)(1)(ii)

.405(b)(2)

.405(b)(1)

Electrical Citations



“Mock Inspection” 2

1910

.212(a)(1)

.215(b)(9)

.212(a)(5)

.219(e)(3)(i)

.219(c)(2)(i)

.219(i)(2)

.242(a)

.212(a)(3)(ii)

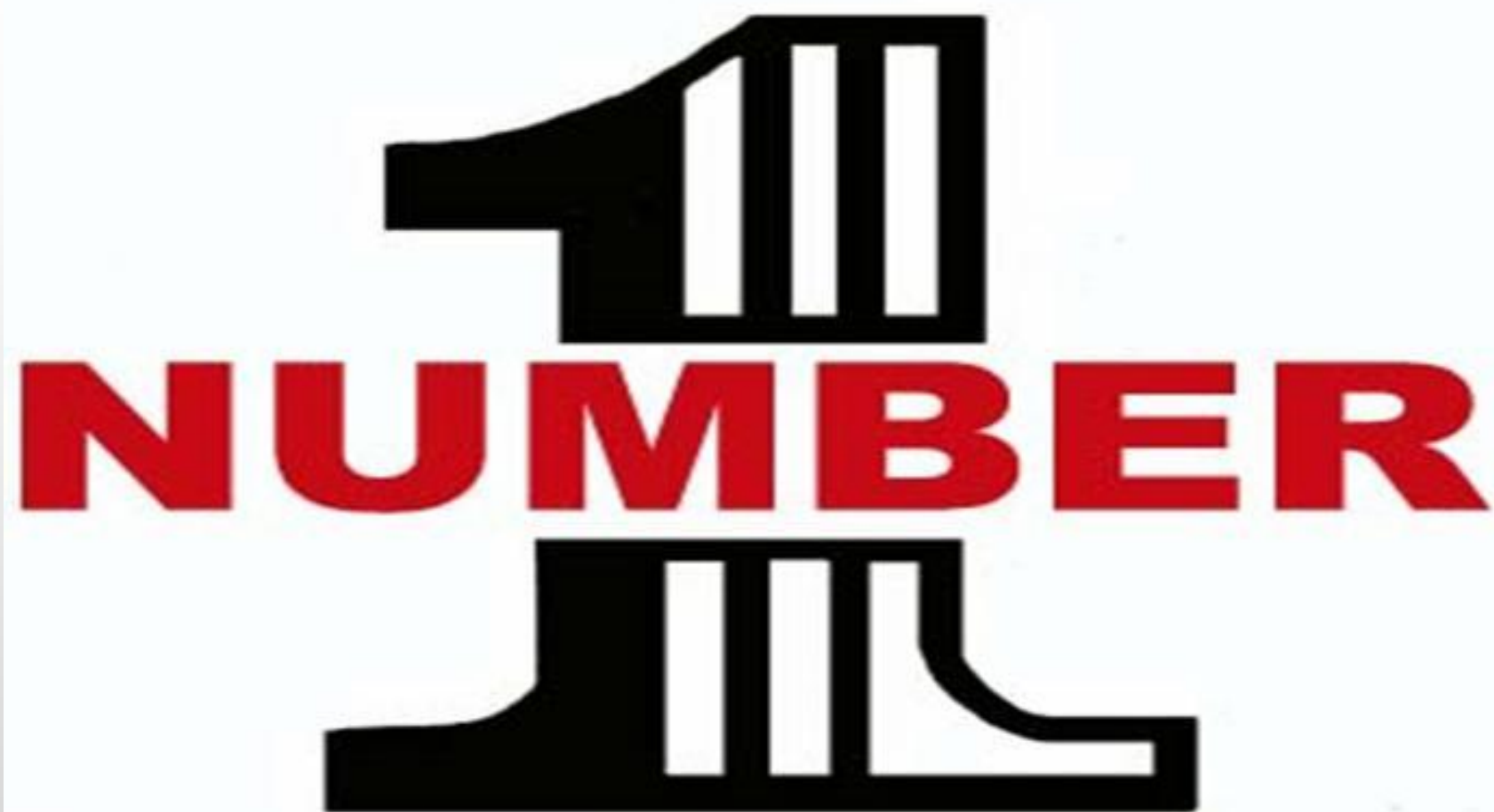
.219(f)(3)

1926

.300(b)(2)

Guarding Citations





“Mock Inspection” 4

1910

.23(c)(1)

1926

.451(g)(4)(i)

.501(b)(1)

.453(b)(2)(v)

.451(c)(1)(ii)

.501(b)(13)

.501(b)(10)

.451(e)(1)

.501(b)(14)

Fall-Related Citations



“Mock Inspection” 5

1926

.602(a)(9)(i)

.601(b)(4)

.602(a)(9)(ii)

.602(c)(1)(vi)

1910

.178(l)(1)(i)

.178(l)(4)(iii)

Earth-Moving Equipment & Forklift Citations





“Mock Inspection” Others

- General Duty Clause **1.12(a)**
- Lock Out Tag Out **1910.147**
- Flammable Liquids **1926.152**
- Air Compressors **1910.242**
- Excavations **1926.652**
- Handheld Power Tools **1910.212**

SAFETY SELLS





For Sale
By Owner

MUST SELL
LOST JOB. CAN'T PAY
MTG. WIFE LEFT, TOOK
DOG. HOUSE A GEM,
EXCEPT FOR ASBESTOS
BEST OFFER

ID# BIOBYM



SOUTH CAROLINA STATE ACCIDENT FUND

P.O. Box 102100 Columbia, SC 29221

THANK YOU!

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803-896-5935